6-30-06

TRANSMITTAL FORM *(to be used for all correspondence after initial filing)* Total Number of Papers in This Submission Three	Application Number	10/607,479
	Filing Date	June 26, 2003
	First Named Inventor	Lawrence S. Young et al.
	Art Unit	1633
	Examiner Name	Scott D. Priebe
	Attorney Docket Number	HARR0032-101

JUN 2 8 2006

ENCLOSURES *(check all that apply)*

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment and Request For Reconsideration in response to Final Rejection dated as mailed February 22, 2006

☒ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/ Incomplete Application

☐ Reply to Missing Parts under 37 CFR1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) *(please identify below)*:

Remarks
EXPRESS MAIL LABEL NO.: EV552 953 757US
DATE OF DEPOSIT: June 28, 2006

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor, P.C.	
Signature	*[signature]*	
Printed Name	Michael A. Patané	
Date	June 28, 2006	Reg. No. 42,982

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence and accompanying papers are being deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	*[signature]*		
Typed or printed name	Michael A. Patané	Date	June 28, 2006

PTO/SB/17 (12-04v2)
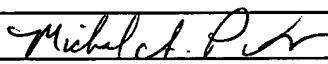Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005

JUN 2 8 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 225.00

Complete if Known

Application Number	10/607,479
Filing Date	June 26, 2003
First Named Inventor	Lawrence S. Young et al.
Examiner Name	Scott D. Priebe
Art Unit	1633
Attorney Docket No.	HARR0032-101

METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify) :

☒ Deposit Account   Deposit Account Number: **50-1275**   Deposit Account Name: **Cozen O'Connor, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☒ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s)   ☒ Credit any overpayments
Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee($)	SEARCH FEES Fee($)	Small Entity Fee($)	EXAMINATION FEES Fee($)	Small Entity Fee($)	Fees Paid ($)
Utility	300	150	500	250	200	100	____
Design	200	100	100	50	130	65	____
Plant	200	100	300	150	160	80	____
Reissue	300	150	500	250	600	300	____
Provisional	200	100	0	0	0	0	____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee($)	Fee Paid ($)
22	- 22 or HP= 00	x ____ =	____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee($)	Fee Paid ($)
04	- 04 or HP= 00	x ____ =	____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

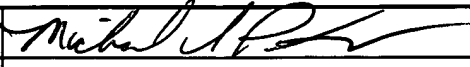| Fee ($)	Fee Paid ($)
____	____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
____ - 100 = ____	/ 50 = ____	(round up to a whole number) x	=	____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   ____

Other (e.g., late filing surcharge): **Two-Month Extension of Time Fee**   **$225.00**

SUBMITTED BY

Signature	*[signature]*	Registration No. (Attorney/Agent)	42,982	Telephone	(215) 665-6966
Name (Print/Type)	Michael A. Patané			Date	June 28, 2006